



State of Delaware
Department of Human Resources

APPENDIX A

RESPECTFUL WORKPLACE AND ANTI-DISCRIMINATION COMPLAINT FORM

Policy #: To be assigned.	Authority: 29 <u>Del. C.</u> Chapter 90D (as applicable); 19 <u>Del. C.</u> Chapters 711, 712, 716, 717 and 720 (as applicable); Merit Rule 2.1; Executive Order #30
Effective Date: June 24, 2019	Supersedes: N/A

Directions

1. If you believe you have been unlawfully harassed or discriminated against, complete this form and return it to either your Agency Human Resources representative, Supervisor, Manager, Agency Equal Employment Opportunity Officer, or to the Employee Relations section of Delaware Department of Human Resources (DHR) at Employee-Relations@Delaware.gov. If you have any questions about this form or the complaint process, call DHR Employee Relations at 1-866-462-8411.
2. Complaints are to be filed as soon as possible following the alleged incident.

Complainant Information

Today's Date:	_____	Email:	_____
Employee Name:	_____	Department:	_____
Employee Title:	_____	Telephone:	_____
Employee ID No.:	_____	Executive Branch Employee:	Yes No

Protected Classes (check all that apply)

Race	Color	National Origin	Gender	Age
Sex	Creed	Pregnancy	Marital Status	Family Responsibilities
Sexual Orientation	Disability	Veteran Status	Religion	Genetic Information
Gender Identity or Expression	Victim of Domestic Violence, Sexual Assault, and/or Stalking	Other	_____	

Respondent Information (person(s) against whom the complaint is being filed)

Respondent's Name:	_____	Title:	_____
Department:	_____	Telephone:	_____
Relationship to Complainant: (e.g.: manager, coworker, client, vendor)	_____	Email:	_____

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Incident Information

Date of Incident: _____ Location of Incident: _____

1. Describe the events that occurred (be as specific as possible – Who? What? When? Where? How?):

2. How did you react to the situation? What response did you make when incident(s) occurred and afterwards? Did you notify management and/or Human Resources? If so, who did you notify and how?

3. Describe the harm you believe you suffered as a result of the incident:

4. Are there any documents or physical evidence supporting the incident(s)? Yes No
If yes, please submit as attachment(s).

5. What action or remedy are you seeking?

6. Names of witnesses or individuals who may have knowledge of the incident(s) and their contact information:

*** Please attached additional pages if necessary.**

Other Filings

1. Are you presently in a union-represented position? Yes No

